FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:14

DOCUMENT # **766106** **(9)**

1. Corporation Name

THE BENEVOLENT ASSOCIATION OF SANTA ROSA COUNTY, INCORPORATED OF MILTON, FLORIDA

Principal Place of Business	Mailing Address
203 CLARA ST. MILTON FL 32570	203 CLARA ST. MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1982
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-2253490 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCDONALD, HILDA
203 CLARA ST.
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Hilda M. McDonald — Hilda M. McDonald, Executive Director
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	XX Change ☐ Addition
NAME	HOWE, ED G	12 NAME	BURRIS, HOWARD	
STREET ADDRESS	P.O. BOX 224	13 STREET ADDRESS	5901 HAMILTON BRIDGE RD.	
CITY-ST-ZIP	BAGDAD FL	14 CITY-ST-ZIP	MILTON, FLORIDA 32570	
TITLE	ED	21 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, HILDA	22 NAME		
STREET ADDRESS	203 CLARA STREET	23 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	24 CITY-ST-ZIP		
TITLE	VPD	31 TITLE	VPD	XX Change ☐ Addition
NAME	BURRIS, HOWARD	32 NAME	WILLIAMS, JUNIUS C.	
STREET ADDRESS	5901 HAMILTON BRIDGE RD	33 STREET ADDRESS	6237 GLENDALE DR.	
CITY-ST-ZIP	MILTON FL	34 CITY-ST-ZIP	MILTON, FLORIDA 32570	
TITLE	SD	41 TITLE	SD	XX Change ☐ Addition
NAME	NOBES, DEWITT	42 NAME	NOBLES, DEWITT	
STREET ADDRESS	101 CEDAR ST	43 STREET ADDRESS	101 CEDAR STREET	
CITY-ST-ZIP	MILTON FL	44 CITY-ST-ZIP	MILTON, FLORIDA 32570	
TITLE	T	51 TITLE	TD	XX Change ☐ Addition
NAME	JERNIGAN, JEANETTE	52 NAME	JERNIGAN, JEANETTE	
STREET ADDRESS	6300 RICH WAY	53 STREET ADDRESS	6300 RICH WAY	
CITY-ST-ZIP	PACE FL	54 CITY-ST-ZIP	PACE, FLORIDA 32571	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BOZEMAN, OWEN (REV)	62 NAME		
STREET ADDRESS	905 LAKEWOOD DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard H. Burris — Howard H. Burris, President 623-3845 3/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021614

766106

THE BENEVOLENT ASSOCIATION
of
SANTA ROSA COUNTY, INC.

Office of the Executive Director

"Reaching out for others in need throughout Santa Rosa County"

SECTION 12 CONTINUED WITH BOARD OF DIRECTORS-1995

NAME	ADDRESS	
D BURDEN, JERRY	Regions Bank 200 SW Caroline St., Milton, Fl. 32570	
D DARBY, RENATE (MRS.)	Santa Rosa Medical Center 1450 Berryhill Rd., Milton, Fl. 32570	
D GOLDEN, MARGARET (MRS.)	156 Erudition Ave., Milton, Fl. 32570	
D GOLDEN, MARY H. (MRS.)	P. O. Box 583, Bagdad, Fl. 32530	N/A
D GOODEN, JANET	310 Hill St., Milton, Fl. 32570	
D HOLMES, DOUG (REV.)	Christian Life Center 4401 Avalon Blvd., Milton, Fl. 32583	
D HOWELL, E. HUGH	6490 Jesse Allen Rd., Milton, Fl. 32570	
D MCMANUS, WINNIE	307 W. Park Ave., Milton, Fl. 32570	
D SMITH, CYNTHIA	Gulf Power Co. 904 Dogwood Dr., Milton, Fl. 32570	
D STEWART, CAROL ANN	Lindsay, Andrews and Leonard 124 Willing St., Milton, Fl. 32570	
D WHITSON, WILLIAM	260 Park Ave. NE, Milton, Fl. 32570	
D WOLFE, LEONARD	103 Crest Dr., Milton, Fl 32570	
D WORRING, VENICE	3238 Cobblestone Dr., Pace, Fl. 32571	